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APPLICATION DATA SHEET

Application Information

| Application Number:: | <u>.</u> |
|----------------------------------|---|
| Filing Date:: | ., - |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD Disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | |
| Computer Readable Form (CRF)?:: | No |
| Number of Copies of CRF:: | |
| Title:: | SYRINGE, CAP, AND METHOD OF PRODUCING PREFILLED SYRINGE |
| Attorney Docket Number:: | 029650-168 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 13 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |

| Petition Included?:: | No |
|--|--|
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |
| Applicant Information | |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Japan |
| Status:: | Full Capacity |
| Given Name:: | Hideaki |
| Middle Name:: | |
| Family Name:: | KITO |
| Name Suffix:: | |
| City of Residence:: | Nakakoma-gun |
| State or Province of Residence:: | Yamanashi |
| Country of Residence:: | Japan |
| Street of Mailing Address:: | c/o Terumo Kabushiki Kaisha, 1727-1, Tuijiarai, Showa-cho |
| City of Mailing Address:: | Nakakoma-gun |
| State or Province of Mailing Address:: | Yamanashi |
| Country of Mailing Address:: | Japan |
| Postal or Zip Code of Mailing | 409-3853 |

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Kouichi

Middle Name::

Family Name:: TACHIKAWA

Name Suffix::

City of Residence:: Nakakoma-gun

State or Province of Residence:: Yamanashi

Country of Residence:: Japan

Street of Mailing Address:: c/o Terumo Kabushiki Kaisha, 1727-1, Tuijiarai,

Showa-cho

City of Mailing Address:: Nakakoma-gun

State or Province of Mailing

Address::

Yamanashi

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing

Address::

409-3853

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing

Date::

Yes

This Application National Stage of PCT/JP2003/013540 10/23/03

Foreign Priority Information

 Country::
 Application Number::
 Filing Date::
 Priority

 Japan
 2002-310199
 10/24/02
 Yes

 Japan
 2003-347502
 10/06/03
 Yes

Japan 2003-347503 10/06/03

Assignee Information

Assignee Name:: TERUMO KABUSHIKI KAISHA

Street of Mailing Address:: 44-1, Hatagaya 2-chome, Shibuya-ku

City of Mailing Address:: Tokyo

State or Province of Mailing

Address::

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing

Address::

151-0072